

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S75955					
1. Entity Name ALL AMERICAN BUSINESS SYSTEMS, INC.					
Principal Place of Business 8376 NW 68 ST MIAMI FL 33166			Mailing Address 8376 NW 68 ST MIAMI FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0282502	
6. Name and Address of Current Registered Agent LOPEZ, JOSE 8376 NW 68 ST MIAMI FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when certifying)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BARROSO, JUAN		NAME	00000506703	
STREET ADDRESS	8376 NW 68 ST		STREET ADDRESS	04/27/06-80035-002 150.00	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOPEZ, JOSE		NAME		
STREET ADDRESS	8376 NW 68 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

JOSE A. LOPEZ

4-10-6

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